

SUBCONTRACTS

1. NAME AND ADDRESS OF SUBCONTRACTOR NAME OF CONTACT: TELEPHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS:	2. ORGANIZATION TYPE (Mark one in column 1 and any that apply in column 2) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> PROFIT—SMALL BUSINESS <input type="checkbox"/> PROFIT—MEDIUM BUSINESS <input type="checkbox"/> PROFIT—LARGE BUSINESS <input type="checkbox"/> NONPROFIT ORGANIZATION <input type="checkbox"/> UNIVERSITY <input type="checkbox"/> GOVERNMENT LABORATORY </div> <div style="width: 35%;"> <input type="checkbox"/> PUBLIC COMPANY (Ticker symbol _____) <input type="checkbox"/> FOREIGN-OWNED, U.S.-LOCATED COMPANY <input type="checkbox"/> FOREIGN-LOCATED ORGANIZATION </div> </div>
3. ESTIMATED AMOUNT OF SUBCONTRACT	

4. DESCRIBE SCOPE OF WORK AND IDENTIFY WHICH TASK OR TASKS IN R&D PLAN REQUIRE SUBCONTRACTOR'S INVOLVEMENT.

5. IS THIS A SOLE-SOURCE SUBCONTRACT?

☐ **NO** ☐ **YES** (If yes, explain why this subcontractor is the only one that can perform the work and the nature of its unique capability/experience.)

6. DOES THE SUBCONTRACTOR HAVE ANY FINANCIAL OR OTHER INTEREST IN THE SUBMITTING ORGANIZATION?

☐ **NO** ☐ **YES** (If yes, briefly explain what type and how much.)

7. DOES THE SUBMITTING ORGANIZATION HAVE ANY FINANCIAL OR OTHER INTEREST IN THE SUBCONTRACTOR?

☐ **NO** ☐ **YES** (If yes, briefly explain what type and how much.)

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